

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2012 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: Compost Central

Permit: 6012-COMPOST-1991 ID: P0419

Facility Website (URL): www.wipeoutwaste.com

Physical Address		Mailing Address	
Street 1: <u>5631 West Blvd</u>		Street 1: <u>700 North Tryon Street</u>	
Street 2: _____		Street 2: _____	
City: <u>Charlotte</u>	County: <u>Mecklenburg</u>	City: <u>Charlotte</u>	
State: <u>North Carolina</u>	Zip: <u>28208</u>	State: <u>North Carolina</u>	Zip: <u>28202</u>
Primary Facility Contact Person		Billing Contact Person	
Name: <u>Steve Hoffman</u>		Name: <u>Jon Bivins</u>	
Phone: <u>(704) 336-5371</u>	Fax: <u>(704) 336-4314</u>	Phone: <u>(704) 583-7371</u>	Fax: _____
Email: <u>steve.hoffman@mecklenburgcountync.gov</u>		Email: <u>Jon.Bivins@mecklenburgcountync.gov</u>	

1. Tipping Fee: \$18.00 \_\_\_\_\_ per Ton (Attach a schedule of tipping fees if appropriate.)
2. Please attach results of monthly temperature monitoring for the period of July 1, 2011 thru June 30, 2012.
3. For Type II, III, and IV facilities, attach results of tests (Waste Analysis with metals, foreign matter and pathogens) as required in Table 3 of Rule 15A NCAC 13B .1408 for the period of July 1, 2011 thru June 30, 2012. **Current Rules state that "Compost shall be analyzed at intervals of every 20,000 tons of compost produced or every six months, whichever comes first."**
4. What type and quantity of waste was composted by your facility?

Materials COMPOSTED	Check X if Received	Tons RECEIVED	Tons COMPOSTED	Unusable Tons DISPOSED
Yard Waste	<input checked="" type="checkbox"/>	63,490	3,943	0
Clean Wood	<input checked="" type="checkbox"/>	4,003	0	0
Sawdust	<input type="checkbox"/>			
Wooden Pallets	<input type="checkbox"/>			
Food Waste	<input type="checkbox"/>			
Animal Waste	<input type="checkbox"/>			
Sludge and Biosolids	<input type="checkbox"/>			
Grease Trap Waste	<input type="checkbox"/>			
Animal Mortalities	<input type="checkbox"/>			
Sheetrock	<input type="checkbox"/>			
Commingled (Describe)	<input type="checkbox"/>			
Other (Describe)	<input type="checkbox"/>			
Other (Describe)	<input type="checkbox"/>			
Other (Describe)	<input type="checkbox"/>			
<b>TOTAL</b>		67,493	3,943	0

5. What type and quantity of compost was produced and removed from your facility?

Type	Tons CREATED	Tons USED On Site	Tons SOLD to Public	Tons GIVEN to Public	Tons STOCKPILED	Tons DISPOSED	Other
Mulch	4,003	0	4,003	0	0	0	
Grade A Compost	3,549	0	3,510	39	0	0	
Grade B Compost							
Other Boiler Fuel	59,547						
Other							
<b>TOTAL</b>	67,099	0	7,513	39	0	0	

6. Indicate waste received at this compost facility during the period of July 1, 2011, through June 30, 2012. Indicate **tonnage** received by COUNTY of waste origin. Please indicate COUNTY and STATE if received from another state.

[illegible]

7. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

If so, please report the date this occurred:

Grand Total	67,493.00
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**REMINDER:** According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please send your completed report to:

Teresa Bradford  
610 East Center Avenue  
Mooresville, NC 28115  
phone: 704.235.2160 email: [Teresa.Bradford@ncdenr.gov](mailto:Teresa.Bradford@ncdenr.gov)

**CERTIFICATION:** I certify that the information provided is an accurate representation of the activity at this facility.

Signature: **Darren J. Steinhilber**

Digitally signed by Darren J. Steinhilber  
DN: cn=Darren J. Steinhilber, o=Stoddard County, ou=Solid Waste Engineering,  
email=Darren.Steinhilber@stoddardcountync.gov, c=US  
Date: 2012.04.13 13:03:41 -0400

Date: Aug 1, 2012

Name: Darren J. Steinhilber

**Title:** Project Manager

Phone Number: (704) 336-4447

Email: [Darren.Steinhilber@mecklenburgcountync.gov](mailto:Darren.Steinhilber@mecklenburgcountync.gov)